

FILED APR 15 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 9284  
Registrar's No. 2767

Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:

- (a) County. St. Louis  
(b) City or town. St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Desloge Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

8. (a) PRINT FULL NAME Eugenia Scatizzi

8. (b) If veteran, name war. None 8. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Narciso 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Jan. 23 1877  
(Month) (Day) (Year)

8. AGE: Years 63 Months 1 Days 29 If less than one day hr. min.

9. Birthplace Italy  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Louis Cappellini 13. Birthplace Italy  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown 15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Louis C. Scatizzi

- (b) Address #8 Sunset Court

17. (a) Burial (b) Date thereof 3-26-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Calvary Cemetary

18. (a) Signature of funeral director John Genteman

- (b) Address 5077 Durant

19. (a) MAR 25 1940 (b) J. F. Bedich  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5141 Page Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 40 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22  
year 1940 hour 5 minute 00 a M.

21. I hereby certify that I attended the deceased from Mar. 16 1940 to Mar. 22 1940  
that I last saw her alive on Mar. 21 1940  
and that death occurred on the date and hour stated above.

- Immediate cause of death. Lobar Pneumonia. Rt. and left upper lobes

- Due to Pneumococcus Type 11/10 days

- Due to

- Other conditions Arteriosclerotic  
(Include pregnancy within 3 months of death)  
Cardio vascular disease Uncertain

- Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature G. O. Brown (M. D. or other) M. D.  
Address 1325 S. Grand Blvd. Date signed 4/23/40

See Drs Statement no 259 in mine file

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed: \_\_\_\_\_

Licensed Embalmer No. 1122

P. O. Address \_\_\_\_\_

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**